



Advance Deposit Hardship Waiver Form

Office Use Only

Today's Date: _____ Case Number: _____ APN: _____

Name: _____ Phone: _____

E-mail Address (print clearly): _____

Mailing Address: _____

I am appealing an Administrative Citation. I am unable to pay the required advance deposit.

Administrative Citation Number _____ **Citation Amount** _____. Return this form along with your Notice of Appeal Form to: County of San Bernardino, c/o Citation Processing Center, P O Box 7275, Newport Beach, CA 9265 (800) 969-6158 www.citationprocessingcenter.com

I am appealing a Fire Hazard Notice or Invoice. I am unable to pay the required appeal fee.

FHA Invoice Number _____ **Invoice Date** _____ Return this form along with your Notice of Appeal form to: County of San Bernardino, Attn: FHA Appeals, 268 W. Hospitality Lane, Suite 300, San Bernardino, CA 92415 (909) 884-4056 <https://lus.sbcounty.gov/fire-hazard-abatement-home/>

I already submitted my required appeal form for Administrative Citation Fire Hazard invoice/citation on ____/____/____.

Information Relating to Request for Waiver:

I am unable to make the advance deposit for the following reason(s) (attach additional pages as needed):

My monthly household income is \$_____ and I have_____ dependents, including myself.

You are required to submit documents to support your request for financial hardship. Examples of acceptable documents include Federal Tax Returns, IRS Form 1722 – Verification of Non-Filing, Verification of Social Security or Supplemental Security Income Benefits, Notice of Action – General Assistance or Temporary Aid for Needy Families, or Notice of Unemployment Award. This waiver is subject to review and the submittal is not a guarantee of approval of the waiver. Failure to qualify will require the full advance deposit or appeal fee to continue with the appeal process.

The County applies Income Guidelines based on the 48-state poverty threshold annually established by the US Census Bureau as published in the Federal Register.

Appellant Signature _____

Date _____